



Docket No. 0575/58075-Z/JPW/GJG/JR

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Ridwan Shabsigh

Serial No. : 10/658,991

Examiner: Robert M. Kelly

Filed : September 9, 2003

Group Art Unit: 1633

For : USES OF VASCULAR ENDOTHELIAL GROWTH FACTOR IN THE  
TREATMENT OF ERECTILE DYSFUNCTION

Mail Stop Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Date: April 6, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

\_\_\_\_\_ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

\_\_\_\_\_ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

\_\_\_\_\_ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For <sup>1</sup>	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	6 -	* 20 =	*** 0 X	\$26	\$52	=	0	
Indepen- -dent Claims	2 -	** 3 =	*** 0 X	\$110	\$220	=	0	
Multiple Dependent Claim(s) Presented For First Time _____ Yes <u>X</u> No				\$195	\$390	=	0	
				TOTAL ADDITIONAL FEE			\$ 0	

- <sup>1</sup> The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
- \* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
  - \*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
  - \*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Applicant(s): Ridwan Shabsigh

The following are also enclosed:

\_\_\_\_\_ One additional copy of this Amendment Transmittal Letter

X Return Receipt Postcard

           An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes\_\_\_\_\_ No\_\_\_\_\_)

and a fee of \$ \_\_\_\_\_ included)

<u>X</u>	A Petition for an Extension of Time, including a fee of \$65.00 for a Petition for 1 Month(s) Extension of Time
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Other (identify): \_\_\_\_\_

THE TOTAL FEE DUE IS \$ 65.00

X A check in the amount of \$ 65.00 is enclosed.

\_\_\_\_\_ Please charge Deposit Account No. \_\_\_\_\_ in the amount of  
\$ \_\_\_\_\_.

  X   The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

X Fees under 37 C.F.R. §1.16 for the presentation of extra claims

X Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450.

Alexandria, VA 22313-1430.

*Gary J. Gershik* 4/6/09

John P. White Date

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